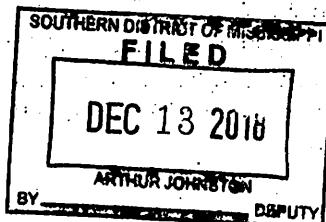


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPIVanSylte 189698  
(Last Name) (Identification Number)Jacob Heath  
(First Name) (Middle Name)Wilkinson County Correctional Facility  
(Institution)P.O.Box 1899, Woodville, Ms. 39669  
(Address)(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action) FORM TO BE USED BY PRISONER

## COMPLAINT

IN THE  
COURT OF THE UNITED STATES  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
CIVIL ACTION NUMBER: 5:18-cv-140-DCB-MTP  
(to be completed by the Court)Warden Walker, Gabriel  
(Last Name)Management and Training  
Corporation, W.L.C.F.  
(Enter above the full name of the defendant or defendants in this action)

(Address)

## OTHER LAWSUITS FILED BY PLAINTIFF

(Enter above the full name of the plaintiff, prisoner, and address  
plaintiff in this action)

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No (—) (to be completed by the Court)

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

Parties to the action: Pearl River County et al  
(Enter above the full name of the defendant or defendants in this action)

Court (if federal court, name the district; if state court, name the county): Southern District of Mississippi  
(The plaintiff must file this page in each case he or she files. Failure to do so may result in your case being dismissed.)

A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No (—)

3. Docket Number: 17-cv-00164-LG-RHW

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

4. Name of judge to whom case was assigned: Honorable Robert H. Walker

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Pending

5. Disposition (or, if case pending, what grounds was it appealed? Is it still pending?)

a. what grounds? Was it appealed? Is it still

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Jacob H. Vanslyke Prisoner Number: 189698  
 Address: W.C.C.F. P.O. Box 1889 Woodville, Ms. 39669

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant, his official position and his place of employment as represented above in the second blank and as employed as for additional plaintiff, if any:  
Warden Walker at Wilkinson County  
Warden  
 I. Name of plaintiff: Correctional Facility  
 Address:

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

### PLAINTIFF:

(In item II below, place the full name of the plaintiff in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional plaintiff(s). Therefore, the plaintiff is required to complete the portion below:

Warden Walker

### ADDRESS:

official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendant(s). Therefore, the plaintiff is required to complete the portion below:

W.C.C.F. P.O. Box 1889  
Woodville, Ms. 39669

### DEFENDANT(S):

#### NAME:

#### ADDRESS:

The plaintiff is responsible for providing the court the name and address of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

the name and address of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

### PLAINTIFF:

Warden Walker

### ADDRESS:

W.C.C.F. P.O. Box 1889

Woodville, Ms. 39669

### DEFENDANT(S):

#### NAME:

#### ADDRESS:

The plaintiff is responsible for providing the court the name and address of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

the name and address of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

**GENERAL INFORMATION**

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

A. Yes () No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

B. Yes () present No () if so, state the results of the procedure: NO RESPONSE

Yes () No ()

E. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions about your institution (MDOC)?

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

Yes () No ()

D. Are you currently an inmate of the

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

Yes () No ()

E. Have you completed the Adminis

trative Remedy Program regarding the claims presented in this complaint?

Yes () No () if so, state:

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

F. If you are not an inmate of the

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

Yes () No ()

Yes () No ()

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_

### STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

After being assaulted by Vicelords on B-pod 9-28-18 in cell's 210 and 105 and having all my property stolen by inmates I was taken to Medical several days later and when trying to speak with Warden Walker to request protective custody and report all my stolen property He told me, "I ain't got no talk for you, Your got what you find white ass beat and that's what you deserved, Y'all gonna take your bitch ass back on that zone, your not going no where." No disciplinary actions were made againsts assaulters and my property was never attempted to be recovered or replaced. This was very demeaning and unprofessional of the overseer of this facility and violates protection from harm and personal safety which is cruel and unusual punishment.

#### RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

\$5,000.00 Compensation for mental anguish suffered and missing property never replaced or recovered and personal injuries and his racial remarks that made me suffer mentally being in fear for my personal safety and life. anything else the court deems nessacary. Remedy exhausted.

IV. State what relief you seek from the

Signed this 30 day of November

20 18

Michael H. Harslyfe 189698  
P.O. Box 1894, Woodville, Ms. 39669  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

11-30-18

(Date)

Signature of plaintiff